

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation  
Against:**

**Tariq Ahmed, M.D.**

**Physician's and Surgeon's  
Certificate No. C 137575**

**Respondent**

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**Case No. 800-2017-038786**


**DECISION**

**The attached Proposed Decision is hereby adopted as the Decision and Order of the  
Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on August 22, 2019.**

**IT IS SO ORDERED: July 23, 2019.**

**MEDICAL BOARD OF CALIFORNIA**



**Ronald H. Lewis, M.D., Chair,  
Panel A**

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

TARIQ AHMED, M.D.

Physician's and Surgeon's Certificate  
Number C 137575,

Respondent.

Case No. 800-2017-038786

OAH No. 2018060613

**PROPOSED DECISION**

Administrative Law Judge Tiffany L. King, Office of Administrative Hearings (OAH), State of California, heard this matter on April 8, 2019, in Sacramento, California.

Ryan J. Yates, Deputy Attorney General, appeared on behalf of complainant Kimberly Kirchmeyer (complainant), in her official capacity as Executive Director of the Medical Board of California (Board), Department of Consumer Affairs (Department).

Jonathan C. Turner, Attorney at Law, represented Tariq Ahmed, M.D. (respondent), who was present.

Evidence was received and the record was held open to allow the parties to submit written closing briefs. On April 24, 2019, OAH received complainant's closing brief which was marked and admitted as Exhibit 10. OAH received respondent's closing brief on May 1, 2019, and his reply closing brief on May 15, 2019. These documents were marked and admitted as Exhibits E and F, respectively. The record was closed, and the matter was submitted for decision on May 15, 2019.

**FACTUAL FINDINGS**

1. On July 20, 2015, the Board issued Physician's and Surgeon's Certificate Number C 137575 (license) to respondent. Respondent's license was in full force and effect at all times relevant to the charges set forth in the Accusation, and expired on May 31, 2019, unless renewed.

2. On May 16, 2018, complainant, in her official capacity, made and served the Accusation, seeking to discipline respondent's license on grounds that he was subject to discipline, restriction or limitation imposed by the State of Washington. Respondent timely filed a Notice of Defense.

*Stipulation to Informal Disposition – State of Washington*

3. On June 14, 1993, the state of Washington licensed respondent to practice as a physician and surgeon.

4. On March 17, 2017, the Medical Quality Assurance Commission for the State of Washington (Commission) served a Statement of Charges against respondent. The Statement of Charges alleged that, between January 5 and March 12, 2015, respondent engaged in unprofessional conduct by providing substandard medical care to 10 patients, and also exhibiting "disruptive physician behavior" toward patients and staff. On March 28, 2017, respondent filed an Answer to the Statement of Charges, wherein he disputes many of the allegations against him.

5. Effective November 2, 2017, respondent and the Commission entered into a Stipulation to Informal Disposition (STID), the Statement of Charges was withdrawn, and a Statement of Allegations and Summary of Evidence (Statement of Allegations) was filed. The Statement of Allegations included the following:

1.2 During his brief employment at a family care clinic in early 2015, Respondent had several unnecessarily negative or otherwise difficult interactions with patients and staff. While it is acknowledged that the alleged difficulties are limited to a brief period and specific location, the Commission is concerned about the unclear cause of Respondent's substantial difficulties in interacting with patients and coworkers during this time.

1.3 . . . . [T]he Commission alleges that several aspects of Respondent's care for [his] patients did not meet the standard of care. The alleged substandard care involves deficiencies in Respondent's communication with patients, medical record documentation, examinations performed and testing ordered, diagnoses and differential diagnoses, medication selection and discontinuation, and Respondent's insufficient identification of risk factors related to opioid use . . . .

1.4 While the allegations raised in this case are unproven and the question of the underlying causes unanswered, Respondent has addressed the underlying concerns by limiting his practice of medicine to the performance of general medical disability evaluations for QTC . . . Reports from QTC to the Commission

indicate that Respondent, who is no longer providing patient care, is doing very well in his limited duties and that his interactions with clients and coworkers are amicable, appreciated and effective.

[¶] . . . [¶]

3.1 The facts alleged [above], if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(4) . . . .

6. The first paragraph of the STID states:

Respondent does not admit any of the allegations. This Stipulation to Informal Disposition . . . is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

7. Pursuant to the STID, respondent agreed to be bound by certain terms and conditions, including, in relevant part:

- a. Respondent's license to practice medicine is limited to the performance of general medical disability examinations under the employment of QTC Medical Group, Inc.
- b. Respondent must submit to a comprehensive neuropsychological evaluation by a Commission-approved evaluator within nine months of the effective date of the STID.
- c. Respondent shall cause his supervisor to submit quarterly reports to the Commission regarding respondent's interactions with patients and staff, the quality of his work as a disability evaluator, and to report any concerns regarding respondent's work to the Commission.
- d. The minimum period of oversight of respondent's license is two years and the maximum is five years. After two years, respondent may petition for modification or termination but "not without a written report from a clinical competence evaluation" performed within six months of the petition for modification or termination.
- e. Respondent shall pay the Commission \$1,000 for its investigation costs and assume all costs that he incurs in complying with the STID.

8. Finally, the STID lists the following mitigating factors which the Commission may consider in the event respondent petitions for a modification or termination of the STID:

- a. Respondent has been licensed in Washington for more than 24 years without disciplinary action;
- b. The conduct at issue occurred during a brief time period at a specified place of employment, and there is no evidence of similar issues concerning Respondent either before or after his employment at the clinic at issue;
- c. There are strong safeguards associated with the period of oversight. An actual period of oversight less than the 3.5 year middle of the range will only occur if Respondent submits to clinical competency evaluation and the Commission exercises its discretion to terminate the oversight;
- d. Respondent has a hearing deficit that added difficulty to his communication with patients and others;
- e. Respondent cooperated with the Commission's investigation; and
- f. Respondent has expressed a willingness to take remedial action.

*Respondent's Background and Evidence*

9. Respondent is 62 years old. He was born and raised in northern India. He earned his doctorate of medicine from Ghandi Medical College in 1980, and thereafter completed four years of residency at several hospitals in Mumbai.

10. In 1984, respondent married his wife, who is a United States permanent resident. In 1986, he immigrated to the United States. He initially settled in Seattle, where his wife's family lived, and studied for the Washington licensing exam. Prior to licensure, he completed two years of training in internal medicine at Hennepin County Medical Center in Minneapolis, Minnesota (1990-1992), followed by two years of training in family practice at St. Michael's Hospital in Milwaukee, Wisconsin (1992-1993). Respondent obtained his medical license in Washington in 1993.

11. Following licensure, respondent practiced as a primary care physician at Rainer School in Buckley, Washington for three years. He thereafter worked in private practice in Seattle, Bellevue, and Tacoma for approximately 20 years. He earned a Master of Public Health from the Medical College of Wisconsin in 2004, and has been board-certified in preventative medicine since that time. He was also a licensed physician in the state of

Wisconsin, however the license expired in 2007, when he decided not to renew it. Respondent retired from private practice in 2014.

12. Respondent moved to rural Washington and was hired by North Beach Medical Clinic, where he worked from January to March 2015. The clinic was a community health center which served a high volume of patients, most of whom were on Medicaid or other assistance. Respondent had never worked in that type of environment before. Respondent described many of the patients he treated as "drug seekers." When he refused to prescribe medication due to suspected drug abuse, respondent's patients became angry and accused respondent of "being rude."

13. Respondent suffers from severe hearing loss. He started to lose his hearing 20 years ago and it has progressively worsened. In 2015, and continuing through today, he can hear people talking to him, but needs to simultaneously watch their lips in order to understand what is being said. He cannot hear well when people speak behind or away from him. He wears a hearing aid which he removes when using a stethoscope or telephone.

14. Respondent's hearing issues caused more problems at the clinic. He could not hear patients talking to him as they exited the examination room, resulting in complaints he was nonresponsive. When he removed his hearing aid to use the phone, he tended to talk in a loud voice because he could not hear his own voice. This led to complaints that he "talked too loud."

15. Respondent left the clinic in March 2015. In May 2015, he was contracted by QTC to perform disability medical examinations for veterans. He moved to Sacramento and obtained his California license in July 2015, and continued to work for QTC.

16. When the Statement of Charges was filed in Washington, respondent wanted to "fight [the charges] until the end." However, he entered into the STID on the advice of his legal counsel at the time, who advised it was his best option. Additionally, respondent was advised that the STID did not include any admission of wrongdoing or finding of unprofessional conduct, and that it was considered "informal discipline" and would not affect his California license.

17. Respondent has never received a complaint or been accused of unprofessional conduct while at QTC. However, QTC terminated his contract after it was notified of the STID because the company was worried about "bad press." QTC was also concerned that the STID indicated that respondent was an employee rather than an independent contractor.

18. Pursuant to the STID, respondent was evaluated by a neuropsychiatrist who found him to be fit for duty. Nine months later, the Commission requested respondent be evaluated by a different neuropsychiatrist. Respondent agreed. However, the Commission's recommended neuropsychiatrist stated he could not evaluate respondent due to his hearing loss, as all of the subjects in his comparative study had good hearing.

19. Respondent has petitioned to set aside or amend the STID because he cannot comply with its terms after his QTC contract was terminated. He has also filed a federal lawsuit against the Commission for disability discrimination, alleging that his hearing loss was used as a basis to file allegations against him. The hearing in the federal matter is set for February 2020.

20. Respondent has been a physician for more than 30 years. Other than the STID, he has not been the subject of any disciplinary action in any jurisdiction. Respondent desires to continue practicing medicine and is not ready to retire. He cited the country's physician shortage, noting he receives three to four emails each week regarding prospective jobs in California.

21. Respondent submitted three letters of support from colleagues. Lee Ann Gauthier is the Clinic Office Manager for QTC and worked with respondent at the QTC medical clinic in Sacramento. She noted that respondent was subject to strict deadlines and completed his reports in a timely manner. She further asserted that respondent was "kind" and that she "had nothing but a good experience" working with him.

Brian Andres, Psy.D., is a clinical psychologist who worked with respondent at QTC in Sacramento. Dr. Andres described respondent as being "very effective [and] clinically sound." Dr. Andres has reviewed "several hundred" evaluations and has no concerns with respondent's medical evaluations, or the timeliness/completeness of his work. Dr. Andres noted that the clinic works with a challenging veteran population who "can easily be triggered toward anger, frustration, [and] dismay, and may be experiencing dire medical and psychological issues." He commended respondent's relationship with his patients, noting: "[T]he veteran-patients seem to find him very approachable, often smiling warm in spirit as a person-physician and he is quite patient as well as efficient with relaying critical medical information to them as appropriate."

Diamond Kassam, M.D. worked with respondent at QTC in Sacramento. Dr. Kassam has worked in various health care settings. He served as the medical director for the California Children's Services program for 25 years. Dr. Kassam described respondent as "one of the finest and most pleasant physicians [he] has ever had the privilege to work with." He continued that respondent is well-liked by his colleagues and patients, and that he demands the "highest professional standards" for himself.

22. Respondent also submitted two letters from his audiologist and physician regarding his hearing loss. In an undated letter, Alysse Moury, Au.D., confirmed that respondent has "moderate to profound sensorineural loss in the right ear with a word discrimination score of 60%, and moderately-severe to profound sensorineural loss in the left with a word discrimination score of 40%." Dr. Moury further noted that respondent has been wearing hearing aids since 2008, which were most recently serviced in January 2018. Roger Zundel, M.D., is a physician at Bellevue Ear, Nose & Throat Clinic. He confirmed respondent has "severe-to-profound" hearing loss and, as a result, "[i]t is important that associates speak slowly, face him so that he can read their lips and facial expressions, and

articulate clearly.” Dr. Zundel further noted that respondent has “difficulty monitoring his own voice and may sometimes talk louder than is deemed appropriate.” Nonetheless, Dr. Zundel opined that respondent has been, and continues to be, able to communicate effectively.

### *Discussion*

23. Complainant contends that the STID constitutes out-of-state discipline which in turn constitutes cause to discipline respondent’s California license pursuant to Business and Professions Code<sup>1</sup> sections 141 and 2305. Respondent argues that the Accusation should be dismissed because the STID, by its own express language, does not constitute a disciplinary action; and therefore, the Board lacks jurisdiction. Rather, respondent likens the STID to a citation which the Board does not consider to be discipline. (See, [http://www.mbc.ca.gov/Consumers/Complaints/Complaints\\_FAQ/Public\\_Disclosure\\_FAQ](http://www.mbc.ca.gov/Consumers/Complaints/Complaints_FAQ/Public_Disclosure_FAQ).) Alternatively, respondent contends the Accusation should be dismissed because the STID specifies that the underlying factual allegations are unproven and “the question of underlying causes unanswered,” and because the Board did not introduce any evidence at the administrative hearing beyond the STID itself.

24. Section 141 provides that “a disciplinary action taken by another state . . . for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action” by the Board in California. Section 2305 provides that any out-of-state discipline “that would have been grounds for discipline in California . . . shall constitute grounds for discipline for unprofessional conduct” in California.

25. Respondent’s contention that the STID is analogous to a citation, and therefore non-disciplinary, is unavailing. A citation typically involves a monetary fine and an order not to engage in the cited misconduct in the future. Here, the STID goes far beyond that and significantly restricts respondent’s practice of medicine to “the performance of general medical disability examinations” for one provider only, QTC. Respondent is thus prohibited from providing direct patient care, prescribing medications, or working for or contracting with any company other than QTC. The other terms and conditions imposed by the STID are similar to the standard probationary conditions imposed by the Board on a restricted license in California disciplinary actions: quarterly reports; neuropsychiatric examination; cost recovery; payment of monitoring costs; and completion of a clinical competency examination. Furthermore, the fact that complainant did not introduce evidence of the alleged conduct underlying the STID is immaterial as the “act” in Washington which forms the basis for discipline under section 141 is the existence of the STID itself. (See, *In the Matter of the Accusation Against Gary Page, M.D.*, Prec. Dec. No. MBC-20150-01Q, p. 13.) Accordingly, the STID constitutes an out-of-state disciplinary action and forms a basis for discipline against respondent’s California license under section 141.

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<sup>1</sup> Unless otherwise specified, all statutory references are to the Business and Professions Code.



26. Cause also exists to discipline respondent's license pursuant to section 2305. The Court of Appeals decision in *Marek et. al. v. Board of Podiatric Medicine* (1993) 16 Cal.App.4<sup>th</sup> 1089 is instructive. In *Marek*, two podiatrists entered a consent decree whereby the Nevada State Board of Podiatry (Nevada Board) revoked their licenses to practice, stayed the revocation, and placed their licenses on three years' probation. In the consent decree, the podiatrists made no admission of wrongdoing and the Nevada Board imposed discipline solely pursuant to their consent, without formally presenting evidence. When the podiatrists relocated to California, the California Board of Podiatric Medicine (California Board) sought to discipline the podiatrists' California licenses pursuant to section 2305. Ultimately, the California Board revoked the podiatrists' licenses, stayed the revocation, and placed them on three years' probation. The podiatrists appealed, arguing they had been denied their due process rights to have a full and fair hearing because the Nevada consent decree contained no admissions of professional misconduct, and provided that it "will not be construed as an admission nor used by the parties hereto [the podiatrists and the Nevada Board] for any reason whatsoever."

27. The *Marek* court upheld the California Board's disciplinary action, finding:

. . . . [T]he broad language of Business and Professions Code section 2305 does not limit its application only to professional discipline imposed after a full hearing on the merits. The statute applies by its terms to any discipline imposed by another state of a license or certificate to practice medicine issued by that state and thus includes, as here, acquiescence by signing a consent decree to disciplinary action without any admission of the charges brought by the foreign jurisdiction. The focus of section 2305 is the mere fact that a measure of discipline was imposed on the licensee and not how it was imposed by the foreign jurisdiction. Pursuant to the language of section 2305, petitioners' "unprofessional conduct" lies not in the alleged underlying misfeasance in Nevada but in the fact that discipline has been imposed by another state regarding petitioners' licenses to practice medicine in that other state. Petitioners improperly seek to expand the scope of section 2305 to include requirements of investigation and proof of the underlying basis for the consent decree.

(*Id.* at pp. 1096-97.)

28. The *Marek* court further held that "[p]ermitting the disciplinary action in California based solely on the fact of disciplinary action in another jurisdiction is consistent with the purpose of the Medical Practice Act . . . to protect the state's citizens by regulation of the professional conduct of its health practitioners."

29. For all of these reasons, the STID entered into by respondent and the Commission forms a basis for discipline against respondent's California license under sections 141 and 2305.

30. Pursuant to the Board's Manual of Model Disciplinary Orders and Disciplinary Guidelines (2016) (Guidelines), revocation is the maximum penalty for violations of sections 141 and 2305, discipline by another state. The minimum penalty is to refer to the recommended minimum penalty for a "similar offense in California."

31. Under the circumstances present in this case, it would be punitive to revoke respondent's license outright. Respondent has practiced medicine in the United States for over 25 years. His only discipline is the Washington state action which was based on allegations which were admittedly limited to a "brief period and specific location." Respondent has complied with the terms and conditions of the STID to the extent possible and without incident. Respondent made himself available for a second neuropsychiatric evaluation, but the neuropsychiatrist declined to evaluate him due to his hearing loss. While respondent has not undergone a clinical competence evaluation, that is only a requirement if a petition to modify or terminate the STID is made. This requirement was not triggered by respondent's pending petition to modify or terminate the STID, as his petition challenges the lawfulness of the STID itself and alleges its terms and conditions unlawfully discriminates against respondent based on his hearing loss.

32. The purpose of proceedings of this type is to protect the public, and not to punish an errant licensee, which is the province of the courts. (*Hughes v. Board of Architectural Examiners* (1998) 17 Cal.4th 763, 784-786; *Bryce v. Board of Medical Quality Assurance* (1986) 184 Cal.App.3d 1471, 1476.) Complainant's request that respondent be ordered to undergo a mental and physical evaluation, as well as completion of the California Physician Assessment and Clinical Education (PACE) program at the University of California, San Diego School of Medicine, is not supported by the evidence. Rather, the public will be adequately protected by a probationary order with standard conditions and a practice monitor, which is similar to the restrictions imposed by Washington.

## LEGAL CONCLUSIONS

1. The Medical Practice Act (§§ 2000 et seq.) provides that "protection of the public shall be the highest priority for the Medical Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount." (§ 2001.1.)

2. Complainant has the burden of proving each of the grounds for discipline alleged in the Accusation. The standard of proof to be used is clear and convincing evidence "to a reasonable certainty." (*Ettinger v. Bd. of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) The evidence must be so clear as to leave no substantial doubt, and

must be sufficiently strong that it commands the unhesitating assent of every reasonable mind. (*Christian Research Institute v. Alnor* (2007) 148 Cal.App.4th 71, 84 [citations omitted].)

3. Under section 2227, a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended, or placed on probation.

4. Section 2305 provides, in pertinent part: "The revocation, suspension, or other discipline, restriction, or limitation imposed by another state upon a license or certificate to practice medicine issued by that state . . . that would have been grounds for discipline in California of a licensee under this chapter, shall constitute grounds for disciplinary action for unprofessional conduct against the licensee in this state." As set forth in Factual Findings 3 through 8, and 26 through 29, cause exists to discipline respondent's California license based on the Stipulation to Informal Disposition which restricted his Washington license.

5. Section 141 states, in relevant part, that "a disciplinary action taken by another state . . . for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action" by the Board. "A certified copy of the record of the disciplinary action taken against the licensee in another state . . . shall be conclusive evidence of the events related therein." (*Ibid.*) As set forth in Factual Findings 3 through 8, 25, and 29, cause exists to discipline respondent's California license based on the Stipulation to Informal Disposition which restricted his Washington license.

6. As set forth in Factual Findings 30 through 32, the public will be adequately protected by placing respondent's California license on probation with standard conditions and practice monitor.

#### ORDER

Physician's and Surgeon's Certificate No. C 137575 issued to Tariq Ahmed, M.D., is revoked. However, the revocation is stayed and respondent is placed on probation for three years upon the following terms and conditions:

1. Practice Monitoring: Within 30 calendar days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in respondent's field of practice, and must agree to serve as respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of respondent's performance, indicating whether respondent's practices are within the standards of practice of medicine, and whether respondent is practicing medicine safely. It shall be the sole responsibility of respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, respondent shall, within five calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, respondent may participate in a professional enhancement program equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation.

2. Notification: Within seven days of the effective date of this Decision, respondent shall provide a true copy of this Decision and the Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent, at any other facility where respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days. This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

3. Supervision of Physician Assistants: During probation, respondent is prohibited from supervising physician assistants.

4. Obey All Laws: Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

5. Quarterly Declarations: Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation. Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

6. General Probation Requirements:

- a. Compliance with Probation Unit: Respondent shall comply with the Board's probation unit and all terms and conditions of this Decision.
- b. Address Changes: Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by section 2021, subdivision (b).
- c. Place of Practice: Respondent shall not engage in the practice of medicine in respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.
- d. License Renewal: Respondent shall maintain a current and renewed California physician's and surgeon's license.

- e. Travel or Residence Outside California: Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days. In the event respondent should leave the State of California to reside or to practice respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

7. Interview with the Board or its Designee: Respondent shall be available in person upon request for interviews either at respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

8. Non-practice While on Probation: Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of respondent's return to practice. Non-practice is defined as any period of time respondent is not practicing medicine in California as defined in sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event respondent's period of non-practice while on probation exceeds 18 calendar months, respondent shall successfully complete a clinical training program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two years. Periods of non-practice will not apply to the reduction of the probationary term. Periods of non-practice will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; and General Probation Requirements.

9. Completion of Probation: Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's certificate shall be fully restored.

10. Violation of Probation: Failure to fully comply with any term or condition of probation is a violation of probation. If respondent violates probation in any respect, the Board, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke

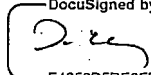
Probation, or an Interim Suspension Order is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

11. License Surrender: Following the effective date of this Decision, if respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request to surrender his license. The Board reserves the right to evaluate respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

12. Probation Monitoring Costs: Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

DATED: June 13, 2019

DocuSigned by:



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TIFFANY L. KING  
Administrative Law Judge  
Office of Administrative Hearings

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FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO May 16 2018  
BY H. Voong ANALYST

7 BEFORE THE  
8 MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

9 In the Matter of the Accusation Against:

Case No. 800-2017-038786

10 **Tariq Ahmed, M.D.**  
11 **2400 Sierra Blvd #81**  
12 **Sacramento, CA 95825**

ACCUSATION

13 Physician's and Surgeon's Certificate No. C 137575,

14 Respondent.

15 Complainant alleges:

16 PARTIES

17 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
18 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
19 Affairs (Board).

20 2. On or about July 20, 2015, the Medical Board issued Physician's and Surgeon's  
21 Certificate Number C 137575 to Tariq Ahmed, M.D. (Respondent). The Physician's and  
22 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein  
23 and will expire on May 31, 2019, unless renewed.

24 JURISDICTION

25 3. This Accusation is brought before the Board, under the authority of the following  
26 laws. All section references are to the Business and Professions Code unless otherwise indicated.

27 ///



4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2305 of the Code states:

“The revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license or certificate to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California of a licensee under this chapter [Chapter 5, the Medical Practice Act] shall constitute grounds for disciplinary action for unprofessional conduct against the licensee in this state.”

6. Section 141 of the Code states:

"(a) For any licensee holding a license issued by a board under the jurisdiction of the department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or another country shall be conclusive evidence of the events related therein.

"(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by that board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country."

### CAUSE FOR DISCIPLINE

**(Discipline, Restriction or Limitation Imposed by Another State)**

7. Respondent Tariq Ahmed, M.D. is subject to disciplinary action under section 141 and 2305 in that the State of Washington has issued a Stipulation to Informal Disposition by which Respondent has been restricted in his medical practice to conducting general disability

1 examinations for one employer, QTC Medical Group, Inc., and by which Respondent is restricted  
2 from providing treatment, managing patient care, or prescribing medications. The circumstances  
3 are as follows:

4 8. On or about November 2, 2017, Respondent and the State of Washington Medical  
5 Quality Assurance Commission entered into a Stipulation for Informal Disposition in Case No.  
6 M2016-44, in which it is recited that Respondent had several unnecessarily negative or otherwise  
7 difficult interactions with patients and staff, and provided substandard care to patients. The  
8 allegations in the case were limited to a brief period and specific place of employment, and by the  
9 stipulation, are considered unproven and the question of underlying causes remains unanswered.  
10 The Washington Stipulation requires that Respondent perform terms and conditions including the  
11 following:

12 a.) Limit his practice of medicine to performance of general medical disability examinations  
13 under the employment of QTC Medical Group, Inc.

14 b.) Respondent is to ensure that his employer provides the Washington Commission with  
15 notice in the event Respondent terminates his employment within 30 days after separation;

16 c.) Respondent is to submit to a comprehensive neuropsychological evaluation with  
17 evaluator Kenneth Muscatel, Ph.D. within 9 months from the effective date of the Washington  
18 stipulation;

19 d.) Respondent is to cause his supervisor to submit quarterly reports to the Commission  
20 regarding Respondent's interactions with patients and staff; the quality of Respondent's work as a  
21 disability evaluator; and to report any concerns about Respondent's work to the Commission.

22 e.) Respondent is to complete a Compliance Orientation either in person or by telephone  
23 within 60 days of the date of the stipulation;

24 Additional terms and conditions are set forth in the Stipulation, attached as Exhibit A to this  
25 Accusation.

26 9. The action by the Washington State Medical Quality Assurance Commission comprises  
27 unprofessional conduct and cause for discipline pursuant to sections 2305 and/or 141 of the Code.

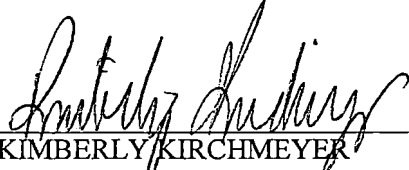
28 ///

**PRAYER**

**WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number C 137575, issued to Tariq Ahmed, M.D.;
2. Revoking, suspending or denying approval of Tariq Ahmed, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Tariq Ahmed, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: May 16, 2018

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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# EXHIBIT A

**STATE OF WASHINGTON  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**TARIQ AHMED, MD**  
License No. MD00030967

Respondent.

**No. M2016-44**

**STIPULATION TO INFORMAL  
DISPOSITION**

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below. Respondent does not admit any of the allegations. *This Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.*

**1. ALLEGATIONS**

1.1 On June 14, 1993, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in preventive medicine. Respondent's license is currently active.

1.2 During his brief employment at a family care clinic in early 2015, Respondent had several unnecessarily negative or otherwise difficult interactions with patients and staff. While it is acknowledged that the alleged difficulties are limited to a brief period and specific location, the Commission is concerned about the unclear cause of Respondent's substantial difficulties in interacting with patients and coworkers during this time.

1.3 The Commission obtained expert review of the medical records of Patients A through E and G through J. Consistent with that expert review, the Commission alleges that several aspects of Respondent's care for these patients did not meet the standard of care. The alleged substandard care involves deficiencies in Respondent's communication with patients, medical record documentation, examinations performed and testing ordered, diagnoses and differential diagnoses, medication selection and discontinuation, and Respondent's insufficient identification of risk factors related to

opioid use. Respondent disputes many components of the analysis of the Commission's expert. As with the communication issues described above, Respondent's alleged standard of care issues are limited to a brief period and specific place of employment within a much longer period of active practice. The Commission is nevertheless concerned about the volume and intensity of issues that arose during this brief period, and whether there is an unknown underlying cause related to these unproven allegations.

1.4 While the allegations raised in this case are unproven and the question of underlying causes unanswered, Respondent has addressed the underlying concerns by limiting his practice of medicine to the performance of general medical disability evaluations for QTC Medical Group, Inc. (QTC). Reports from QTC to the Commission indicate that Respondent, who is no longer providing patient care, is doing very well in performing his limited duties and that his interactions with clients and coworkers are amicable, appreciated and effective.

## 2. STIPULATION

2.1 The Commission alleges that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

2.2 The parties wish to resolve this matter by means of a Stipulation pursuant to RCW 18.130.172(1).

2.3 Respondent agrees to be bound by the terms and conditions of this Stipulation.

2.4 This Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

2.5 If the Commission accepts the Stipulation it will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law.

2.6 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health web site, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public

**ORIGINAL**

Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

2.7 The Commission agrees to forego further disciplinary proceedings concerning the allegations.

2.8 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

2.9 A violation of the provisions of Section 3 of this Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

### 3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms:

3.1 **Practice Limitation.** Respondent's license to practice as a physician and surgeon is limited to the performance of general medical disability examinations under the employment of QTC Medical Group, Inc. Respondent does not and will not provide treatment, manage patient care, or prescribe medications. Respondent currently works at QTC sites in California. Under the terms of this agreement, Respondent may provide the same services for QTC in Washington State.

3.2 **Notice of Separation.** Respondent will ensure that his employer, QTC, provides the Commission with written notice of any discontinuation of Respondent's employment with QTC, within thirty (30) days of the separation.

3.3 **Neuropsychological Evaluation.** Within nine (9) months of the effective date of this Stipulation, Respondent will obtain a comprehensive neuropsychological evaluation performed by Kenneth Muscatel, Ph.D., or by another evaluator approved in advance by the Commission's designee. Respondent will provide the evaluator with a copy of this Stipulation prior to the evaluation. Respondent will cause the evaluator to compare the evaluation with a neuropsychological evaluation performed by Dr. Muscatel in September of 2017. Respondent will sign any waivers or releases necessary to allow the evaluator to communicate with Commission, and will cause the evaluator to submit a written report directly to the Commission. Respondent will fully comply with any recommendations made by the evaluator, in the interest of improving Respondent's ability to perform medical disability evaluations with reasonable skill and

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safety. If the evaluator opines that Respondent is unable to perform medical disability evaluations with reasonable skill and safety, Respondent will cease performing these evaluations unless authorized by the Commission.

3.4 **Supervisor Reports.** Respondent will cause his supervisor at his place of employment to submit quarterly reports to the Commission, on forms provided by the Commission. These reports will due on the first of the month in January, April, July, and October. In the body of the report, Respondent's supervisor will comment upon the quality of Respondent's interactions (appropriateness of content, tenor, effectiveness, etc.) during the reported period, with supervisors, coworkers, clients/patients, and others in the workplace. Respondent's supervisor will also comment upon the quality of Respondent's disability evaluations (accuracy, thoroughness, readability, timeliness, etc.). Respondent's supervisor will also disclose any concerns that have effected or may affect Respondent's work as a physician evaluator. Respondent will cause his supervisor to submit the quarterly reports to the following address:

Compliance Officer  
Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, WA 98504-7866

3.5 **Compliance Orientation.** Respondent shall complete a compliance orientation in person or by telephone within sixty (60) days of the effective date of this Stipulation. Respondent must contact the Compliance Unit at the Commission by calling (360) 236-2763, or by sending an email to: [Medical.compliance@doh.wa.gov](mailto:Medical.compliance@doh.wa.gov) within ten (10) days of the effective date of this Stipulation. Respondent must provide a contact phone number where Respondent can be reached for scheduling purposes.

3.6 **Personal Appearances.** Respondent must personally appear at a date and location determined by the Commission in approximately one (1) year from the effective date of this Stipulation, or as soon thereafter as the Commission's schedule permits. Thereafter, Respondent must make personal appearances annually or as frequently as the Commission otherwise requires. The Commission may waive an annual or periodic personal appearance. Respondent will participate in a brief telephone call with the Commission's Compliance Unit prior to personal appearances. The purpose of appearances is to provide meaningful oversight over



Respondent's compliance with the requirements of this Stipulation. The Commission will provide reasonable notice of all scheduled appearances.

3.7 **Cost Recovery.** Respondent must pay one thousand dollars (\$1,000) to the Commission as partial reimbursement of some of the costs of investigating and processing this matter. Payment must be by certified or cashier's check made payable to the Department of Health, and must be received within six (6) months of the effective date of this Stipulation. Respondent must send payment to:

Medical Quality Assurance Commission  
Department of Health  
P.O. Box 1099  
Olympia, Washington 98504-7866

3.8 **Obey Laws.** Respondent must obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

3.9 **Costs.** Respondent must assume all costs that Respondent incurs in complying with this Stipulation.

3.10 **Violations and Further Action.** If Respondent violates any provision of this Stipulation in any respect, the Commission may initiate further action against Respondent's license. The Commission may also take further action, as necessary, based upon the results of the neuropsychological evaluation, the supervisor reports, or based upon Respondent's presentation at personal appearances.

3.11 **Change of Address.** Respondent must inform the Commission and the Adjudicative Clerk Office in writing of changes in his residential and/or business address within thirty (30) days of such change.

3.12 **Termination.** Respondent may not petition the Commission to modify or terminate this Stipulation for at least two years, and not without a written report from a clinical competence evaluation performed by the Center for Personalized Education for Physicians (CPEP) in Denver, Colorado, or by the Physician Assessment and Clinical Education (PACE) Program offered at the University of California at the San Diego School of Medicine. The clinical competence evaluation must have been performed within six (6) months of a written petition for modification or termination. Respondent must sign any waivers or releases necessary to allow the Commission to communicate with the evaluators regarding the evaluation and any recommendations. Upon the Commission's receipt of the clinical competence evaluation report and a written petition

to modify or terminate this Stipulation, Respondent will appear in person before the Commission at a date and location determined by the Commission. The Commission will have full discretion to grant or deny a petition to terminate. Negotiated modifications, if any, will be articulated in an Amended Stipulation to Informal Disposition.

3.13 **Effective Date.** The effective date of this Stipulation is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

#### **4. COMPLIANCE WITH SANCTION RULES**

4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate terms for stipulations to informal disposition under RCW 18.130.172. Tier B of the "Practice Below Standard of Care" schedule, WAC 246-16-810, applies to cases where alleged substandard care creates no more than moderate patient harm or the risk of moderate to severe patient harm. Tier B applies to this case because Respondent's alleged abrasive and ineffective communication with patients, the tension created by his difficult interactions with coworkers, and his alleged substandard medical management of several patients created the risk of moderate to severe patient harm. This risk of moderate to severe harm resulted from alleged missed diagnoses, substandard treatments, the use of inappropriate medications, the misuse of appropriate medications, or the lack of appropriate medication or other treatment. Additionally, Respondent's difficult interactions with patients potentially led to an unnecessary eroding of the trust and resulting patient candor necessary for effective medical care.

4.2 Tier B requires the imposition of sanctions ranging from two years of oversight to five years of oversight, unless revocation. Under WAC 246-16-800(3)(d), the starting point for the duration of the sanctions is the middle of the range. The Commission uses aggravating and mitigating factors to move towards the maximum or minimum ends of the range.

4.3 The practice restriction, and the periodic monitoring through appearances and supervisor reports, are by default permanent. However, because Respondent may petition for modification or termination after two years—following a clinical competency

**ORIGINAL**

evaluation—the minimum period of oversight under this Stipulation is two years. The mitigating factors in this case, unopposed by any aggravating factors, justifies a potential though unlikely period of oversight at the minimum end of the range.

Mitigating Factors

- A. Respondent has been licensed in Washington State for more than 24 years without disciplinary action.
- B. The conduct at issue occurred during a brief time period at a specific place of employment, and there is no evidence of similar issues concerning Respondent either before or after his employment at the clinic at issue.
- C. There are strong safeguards associated with the period of oversight. An actual period of oversight less than the 3.5 year middle of the range will only occur if Respondent submits to clinical competency evaluation and the Commission exercises its discretion to terminate the oversight.
- D. Respondent has a hearing deficit that added difficulty to his communication with patients and others.
- E. Respondent cooperated with the Commission's investigation.
- F. Respondent has expressed a willingness to take remedial action.

**5. RESPONDENT'S ACCEPTANCE**

I, TARIQ AHMED, MD, Respondent, certify that I have read this Stipulation in its entirety; that my counsel of record, Gerald Tarutis, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation, I understand that I will receive a signed copy.

TARIQ AHMED, M.D.

TARIQ AHMED, MD  
RESPONDENT

Gerald R. Tarutis

GERALD TARUTIS, WSBA#4599  
ATTORNEY FOR RESPONDENT

October 30<sup>th</sup> 2017  
DATE

10/30/2017  
DATE

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## 6. COMMISSION'S ACCEPTANCE

The Commission accepts this Stipulation. All parties shall be bound by its terms and conditions.

DATED: 11/2, 2017.

STATE OF WASHINGTON  
MEDICAL QUALITY ASSURANCE COMMISSION

Mimi Winslow  
PANEL CHAIR

PRESENTED BY:

Jim McLaughlin  
JAMES MCLAUGHLIN, WSBA #27349  
COMMISSION STAFF ATTORNEY